

216020647
99476

State of Nebraska
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

1	Total Number of Vehicles	Local No./ District 097	Agency Case No. B6-044450	HIT & RUN? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	L 1
A/1	DATE OF ACCIDENT	M M / D D / Y Y Y Y S M T W T H F S 05/20/2016		(In Military Time)	STATE USE ONLY	
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 0844	05/21/2016	
B	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO. 2040 S.23rd		PRIVATE PROPERTY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	LATITUDE	
C	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	LONGITUDE	
D	IF AT INTERSECTION		IF NOT AT INTERSECTION			
1	NAME OF INTERSECTING ROADWAY		<input checked="" type="checkbox"/> FEET <input type="checkbox"/> MILES	N S E W	OF NEAREST STREET, BRIDGE, RAILROAD CROSSING	
V1/M	20		14.00 X South street			
V2/M	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN					
E	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
F	VEHICLE NO. 1					
9	DRIVER LICENSE NO.	DRIVER Unknown		STATE (Of License)	SEX <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	
V1/N	1		PHONE	LOCAL NO.		
V2/N	OWNER unknown		PHONE	LOCAL NO.		
G	1		CITY, STATE, ZIP	CITATION <input type="checkbox"/> PENDING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	CITATION NO.	
H	LICENSE PLATE NO.	unknown	YEAR (Plate Expires)	STATE (Of Plate)		
V1/O	VEHICLE	YEAR	MAKE	MODEL	BODY STYLE	COLOR
5	VEHICLE ID NO. (VIN)	TOWED TO		TOWED BY	INSURANCE COMPANY unknown	
V2/O	5		POLICY NO.		ESTIMATED DAMAGE <input type="checkbox"/> TOALED \$	
I	VEHICLE NO. 2					
7	DRIVER LICENSE NO.	DRIVER		STATE (Of License)	SEX <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	
V1/P	8		PHONE	LOCAL NO.		
V2/P	OWNER		PHONE	LOCAL NO.		
J	12		CITY, STATE, ZIP	CITATION <input type="checkbox"/> PENDING <input type="checkbox"/> YES <input type="checkbox"/> NO	CITATION NO.	
V1/Q	LICENSE PLATE NO.	unknown	YEAR (Plate Expires)	STATE (Of Plate)		
V2/Q	VEHICLE	YEAR	MAKE	MODEL	BODY STYLE	COLOR
K	VEHICLE ID NO. (VIN)	TOWED TO		TOWED BY	INSURANCE COMPANY	
01	01		POLICY NO.		ESTIMATED DAMAGE <input type="checkbox"/> TOALED \$	
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)				DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject
VEH. #	NAME	ADDRESS	LOCAL NO.	MEDICAL FACILITY NAME	EMS SERVICE NAME	EMS RUN REPORT NO.
VEH. #	NAME	ADDRESS	LOCAL NO.	MEDICAL FACILITY NAME	EMS SERVICE NAME	EMS RUN REPORT NO.
VEH. #	NAME	ADDRESS	LOCAL NO.	MEDICAL FACILITY NAME	EMS SERVICE NAME	EMS RUN REPORT NO.

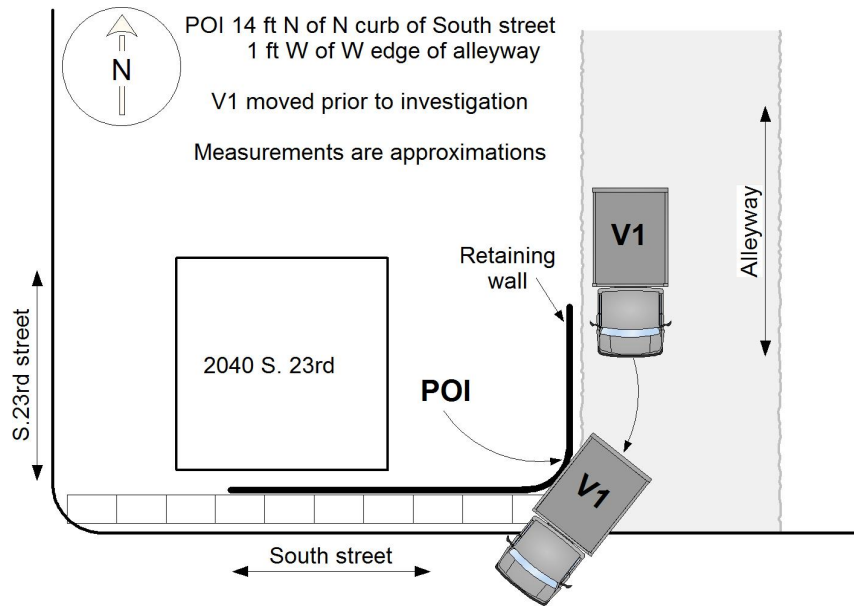
THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.
B6-044450



Indicate
North
by Arrow



Not To Scale

DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

Property owner, Michael Behnke, reports that he was notified by a neighbor at 2311 South street that his split face block retaining wall had been struck by a vehicle. The vehicle was reported by the neighbor to be a white garbage truck. The neighbor was not able to be reached. Damage was found to the SE corner of the retaining wall consistent with being struck by a SB moving vehicle with tire scuffs left on the side of the block. Michael had already contacted his garbage company but was advised that they were not in the area on the date of collision.

PROPERTY	OBJECT DAMAGED retaining wall pushed	OWNER NAME Michael J Behnke	ADDRESS 2040 S.23rd, Lincoln, NE 68502	PHONE 402-202-4224	APPROX. COST OF DAMAGE \$ 100
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME _____ ADDRESS _____ PHONE _____				PHONE _____
	NAME _____ ADDRESS _____				PHONE _____

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA				AIRBAG DEPLOYED VEHICLE 1				RESTRAINT USE VEHICLE 1				TOTAL OCCUPANTS				
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME				(Enter numbers for each vehicle)											
1		X			S.23 to S.24/Sc				VEHICLE 1				VEHICLE 2							
2									POINT OF IMPACT				POINT OF IMPACT							
1	13				06 Turning left				MOST DAMAGED AREA				MOST DAMAGED AREA							
2					08 Entering traffic lane															
					01 Essentially straight ahead				00 None				02				03			
					02 Backing				09 Top & windows				01				04			
					03 Changing lanes				10 Undercarriage				08				07			
					04 Overtaking/ Passing				11 Total (all areas)				06				05			
					05 Turning right				12 Other											
					13 Unknown															

OFFICER NO. 1471	TROOP/ TEAM/ BEAT SE	DEPARTMENT Lincoln Police Department	Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
INVESTIGATOR NAME (Print or Type) James Quandt		INVESTIGATOR SIGNATURE Approved by Ofc James Quandt	
DATE OF REPORT 05/21/2016			